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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/606614			
Filing Date	June 26, 2003			
First Named Inventor				
Art Unit				
Examiner Name				
Attorney Docket Number	15210			

P.O.	missioner fo Box 1450 andria, VA 22					*		
Please withdraw me as attorney or agent for the above identified patent application, and								
all the attorneys/agents of record.								
the attorneys/agents (with registration numbers) listed on the attached paper(s), or								
the attorneys/agents associated with Customer Number								
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.								
The reasons for this request are: I no longer legally represent the assignee.								
CORRESPONDENCE ADDRESS								
1. T	1. The correspondence address is NOT affected by this withdrawal.							
2. C	hange the corre	espondence address and direct	t all future corr	espondence to	<b>o</b> :			
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Signature	/Stephen Micha	el Patton #36,235/						
Name	Stephen Michae	el Patton		Regis	stration No	O. 36,235		
Date	01-09-2006			Telep	hone No.	309-765-5543		
NOTE: Withdr	awal is effective who	nen approved rather than when received e or possible extension period, the reque	1. Unless there are est to withdraw is i	e at least 30 days i	between app red.	proval of withdrawal and the expiration		

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